## Florida Department of State

## Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803

Fax Number : (855)330-1010

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

mail Address:		
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## LLC REGISTERED AGENT CHANGE FOG JAX, LLC

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Electronic Filing Menu Corporate Filing Menu

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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. N	ame of the limited liability company: Fog Jax	, LLC		
2. (a)		(b)		
- (.,	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limi (Note: MAY BE PC	
3.	04/11/2013  Date of filing/registration in Florida		3000053318  Document numbe	·r
5 (1)	Dworzanowski, Greg			
5. (a)	Registered Agent and Registered Office shown on the records of	of the Florida Dept.	of State:	
	5422 Bay Center Dr.			
	Registered Office Address (MUST BE FLORIDA STREET	(ADDRESS)		
	Suite 110			
	TAMPA	33609-35	01	
(b)	Registered Agents Inc  Enter name of NEW Registered Agent and/or NEW Registered  7901 4th St N	ed Office address:	<del></del>	2022 NOV 28
				MERICANE . AM II: 2
	NEW Registered Office Address:			
	STE 300		**************************************	27
	St. Petersburg	. <sub>L_</sub> 33702		
the chagent was/was/was/was/was/was/was/was/was/was/	limited liability company is not organized under the lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited authorized by an affirmative vote of the members icles of organization or the operating agreement of the	of the registered liability compar of the limited l	I office and the business ny, it is hereby confirmed liability company or as of ity company.	office of the registered d that the change(s)
Signa	ature of a member or authorized representative of a member		Printed or typed nam	ne of signee
I here provis the ob to mer	by accept the appointment as registered agent and a ions of all statutes relative to the proper and complet ligations of my position as registered agent as provid ely reflect a change in the registered office address, of in writing of this change.	e performance led for in Chapi I hereby confiri	is capacity. I further ag of my duties, and I am fa ter 605, F.S. Or, if this d n that the limited liabilit	ree to comply with the uniliar with and accept locument is being filed y company has been
112 1	Bill Havre - Assista	nt Secretary		

Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314 FILING FEE: \$25.00

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